



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

FACILITY SUMMARY REPORT PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

FACILITY NAME

CONTACT PERSON (NAME)

SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)

CITY

STATE

ZIP CODE

FACILITY'S EPA I.D. NUMBER

FACILITY'S MISSOURI I.D. NUMBER

NOTE: THE FEDERAL EPA AND MISSOURI FACILITY I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS HANDLED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE FACILITY SITE CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

IMPORTANT: ALL MISSOURI BASED FACILITIES THAT RECLAIM, TREAT, STORE, OR DISPOSE HAZARDOUS WASTE ON-SITE SHALL REPORT THE TYPE, QUANTITY AND HANDLING METHOD USED FOR EACH WASTE RECEIVED FROM ALL SOURCES. ALL FACILITIES MUST REPORT QUARTERLY.

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR)

☐ 12-31- ____ (YEAR)

☐ 3-31- ____ (YEAR)

☐ 6-30- ____ (YEAR)

2. PAGE

1 OF ____

SECTION B - FACILITY IDENTIFICATION

3. FACILITY NAME ☐ HAS CHANGED

4. FACILITY CONTACT PERSON (NAME) ☐ HAS CHANGED

TELEPHONE NUMBER ☐ HAS CHANGED

5. MAILING ADDRESS ☐ HAS CHANGED

CITY

STATE

ZIP CODE

6. PLANT SITE ADDRESS

CITY

STATE

ZIP CODE

7. NAME OF PARENT FIRM ☐ HAS CHANGED

SECTION C - ACTIVITY LEVEL

8. ☐ CHECK HERE IF NO WASTE WAS RECEIVED FROM OFF-SITE, AND NO WASTE WAS GENERATED AND MANAGED ON-SITE. (DO NOT COMPLETE PART II)

SECTION D - COMMENTS

9.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

SIGNATURE

DATE



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FACILITY SUMMARY REPORT PART II

BEFORE COPYING FORM, ENTER THE FACILITY NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

FACILITY NAME

FACILITY'S EPA
I.D. NUMBER

FACILITY'S MISSOURI
I.D. NUMBER

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER TYPE OR PRINT

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- _____ (YEAR)

☐ 12-31- _____ (YEAR)

☐ 3-31- _____ (YEAR)

☐ 6-30- _____ (YEAR)

2. PAGE

_____ OF _____

NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED AND HOW IT WAS HANDLED FROM AN INDIVIDUAL SOURCE ON THIS PAGE. ADDITIONAL PAGES NEED TO BE COMPLETED FOR EACH INDIVIDUAL SOURCE.

SECTION G - GENERATOR IDENTIFICATION (LIST THE SOURCE OF THE WASTE LISTED ON THIS PAGE)

3. GENERATOR'S NAME

4. GENERATOR'S U.S. EPA I.D. NUMBER

5. GENERATOR'S ADDRESS

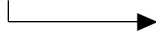
CITY

STATE

ZIP CODE

6. GENERATOR'S MISSOURI I.D. NUMBER

7. **IMPORTANT:** IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE - CHECK THIS BOX

☐

8. NUMBER OF SHIPMENTS RECEIVED THIS REPORTING PERIOD. IF THE WASTE WAS GENERATED AND MANAGED ON-SITE, LEAVE BLANK.

SECTION H - WASTE IDENTIFICATION

(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)

| L I N E | 9. DESCRIPTION OF WASTE | 10. EPA HAZARDOUS WASTE NUMBER | 11. TOTAL AMOUNT OF WASTE | 12. UNIT OF MEAS. | 13. SPECIFIC GRAVITY | 14. FINAL HANDLING CODE | 15. FUEL BLENDED WASTE |
|------------------|-------------------------------|--------------------------------------|---------------------------------|----------------------------|----------------------------|----------------------------------|---------------------------------|
| 1 | | | | | ● | | <input type="checkbox"/> |
| 2 | | | | | ● | | <input type="checkbox"/> |
| 3 | | | | | ● | | <input type="checkbox"/> |
| 4 | | | | | ● | | <input type="checkbox"/> |
| 5 | | | | | ● | | <input type="checkbox"/> |
| 6 | | | | | ● | | <input type="checkbox"/> |
| 7 | | | | | ● | | <input type="checkbox"/> |
| 8 | | | | | ● | | <input type="checkbox"/> |

SECTION I - COMMENTS

16.

FACILITY SUMMARY REPORT

(Form DNR-HWF-1)

INTRODUCTION

The purpose of the facility summary report is for facilities located in Missouri to identify and report hazardous waste which is processed or stored on-site. Examples of wastes to be reported includes but are not limited to:

- a. storage of wastes under interim status or a Part B permit
- b. waste recovery through distillation
- c. fuel blending operations
- d. waste oil burned on-site for BTU/energy recovery
- e. other treatment methods

In addition, all hazardous waste to be identified in the report includes both material received from other generators and material generated and handled on-site at the reporting facility.

1. All Missouri based facilities that treat, store, recycle or dispose of wastes from on-site or off-site sources shall report quarterly.
2. The quarterly report is due within 45 (forty five) days after the end of each respective quarter.
3. The quarterly report is based on a fiscal year which begins July 1 and is inclusive of the following dates:
 - A. 1st quarter begins July 1 and ends September 30
 - B. 2nd quarter begins October 1 and ends December 31
 - C. 3rd quarter begins January 1 and ends March 31
 - D. 4th quarter begins April 1 and ends June 30
4. Off-site shipments must be reported on the department form DNR-HWG-11 "Generators Hazardous Waste Summary Report".

PART I
INSTRUCTIONS FOR
FACILITY QUARTERLY SUMMARY SHEET (Form DNR-HWF-1)

NOTE: Attach the site identification label to the top of the form or enter the requested information.

SECTION A - REPORT IDENTIFICATION

Item 1. FOR THE QUARTER ENDING - Check the appropriate box which identifies the reporting period, then enter the year immediately following the checked box.

Note: Quarterly reports are based on annual quarters: July 1 - September 30; October 1 - December 31; January 1 - March 31; April 1 - June 30.

Item 2. NUMBER OF PAGES - Enter the number of pages necessary to complete this report. (First page plus the total number of Part 2's used.)

SECTION B - FACILITY IDENTIFICATION

The items in this section are to be completed only when the information for that particular item has changed.

Item 3. FACILITY NAME - Enter the new name of your company.

Item 4. FACILITY CONTACT PERSON - Enter the name of the person now primarily responsible for the information contained in this report. Then enter the phone number of the contact person.

Item 5. MAILING ADDRESS - Enter the new street and number or P.O. Box number, city, state and zip code where the U.S. Postal Service delivers your facility's mail.

Item 6. FACILITY SITE ADDRESS - Enter the street and number or route number (do not enter a P.O. Box number), city, state, and zip code which is the actual site address of your facility. If the plant address is the same as the mailing address, enter the words "same as above".

Item 7. NAME OF PARENT FIRM - Enter the new legal owner's name.

SECTION C - ACTIVITY LEVEL

Check this box only if BOTH conditions apply

1. No waste was received from off-site
2. No waste was generated and managed on site.

SECTION D - COMMENTS

Item 9. - This space may be used to explain, clarify or continue any entry.

SECTION E - CERTIFICATION STATEMENT

The facility operator or his/her authorized representative (e.g., the plant manager, superintendent or person of equivalent responsibility) must sign and date the certification by hand where indicated. The printed or typed name of the person signing the report must also be included where indicated.

PART II
INSTRUCTIONS FOR
FACILITY SUMMARY REPORT (Form DNR-HWF-1)

The purpose of the Part II is to identify the specific generation source of hazardous waste. A separate sheet is required for each generator that hazardous waste is received from.

NOTE: Before copying form, enter the facility name and identification numbers as shown on Part I.

SECTION F - REPORT IDENTIFICATION

Item 1. FOR THE QUARTER ENDING - Check the appropriate box which identifies the reporting quarter's end and then enter the year. This information must be exactly the same as recorded on the Part I.

Note: Quarterly reports are based on annual quarters: July 1 - September 30; October 1 - December 31; January 1 - March 31; April 1 - June 30.

Item 2. PAGE _____ OF _____ - Enter the consecutive page number this page represents, then the total number of pages necessary to complete the report.

SECTION G - GENERATOR IDENTIFICATION

Note: List the source of waste which appears on this page.

Item 3. GENERATOR'S NAME - Enter the generator's name from whom all wastes listed on this page originates.

If the waste came from a foreign generator, enter the name of the importing agent that corresponds to the U.S. EPA identification number in this section.

Item 4. GENERATOR'S EPA IDENTIFICATION NUMBER - Enter the 12 character U.S. EPA identification number issued to the generator whose wastes are identified on this page.

If the waste(s) came from a foreign generator, enter the U.S. EPA identification number of the importer in this section and enter the name and address of the foreign generator in Section I. Comments.

Item 5. GENERATOR'S ADDRESS - Enter the mailing or street address of the generator whose waste(s) are identified on this page.

If the waste came from a foreign generator, enter the mailing address of the importer corresponding to the U.S. EPA identification number in this section.

Item 6. GENERATOR'S MISSOURI IDENTIFICATION NUMBER - Enter the 6 character Missouri identification number issued to the generator whose waste(s) are identified on this page.

If the waste(s) came from a foreign operator, enter the Missouri identification number of the importing agent in this section.

Item 7. IMPORTANT: - Check this box if the wastes identified on this page were **both** generated and handled on your facility's property site during the reporting period.

Item 8. NUMBER OF SHIPMENTS RECEIVED - Enter the total number of shipments received from the generator for this reporting period, even if some of the waste received will be reported on another Part II page. Enter this number on every Part II page completed for this generator. Note that the number of shipments is not necessarily the same as the number of manifests since more than one manifest can be used for a single shipment. This should be left blank if the waste was generated and managed on-site.

SECTION H - WASTE IDENTIFICATION

A separate line entry is required for each different waste or waste mixture that your facility treated, store, recycled or disposed of during the reporting quarter specified in Section E. for the generator identified in Section F.

Item 9. DESCRIPTION OF WASTE - For hazardous wastes that are **listed** under 10 CSR 25-4.261, enter the EPA listed name. Where mixtures of listed wastes were received, enter the description which you believe best describes the waste.

For ignitable, corrosive, reactive, or TCLP toxic hazardous waste defined by CSR 25-4.261, please include the following: (1) the description from the list of characteristics in the appendix which you believe best describes the waste; (2) the specific manufacturing or other process generating the waste; and (3) the chemical or generic chemical name of the waste, if known. See following example.

EXAMPLE:

| SECTION H - WASTE IDENTIFICATION (SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE) | | | | | | | |
|---|--|--------------------------------------|---------------------------------|----------------------------|----------------------------|----------------------------------|---------------------------------|
| L I N E | 9. DESCRIPTION OF WASTE | 10. EPA HAZARDOUS WASTE NUMBER | 11. TOTAL AMOUNT OF WASTE | 12. UNIT OF MEAS. | 13. SPECIFIC GRAVITY | 14. FINAL HANDLING CODE | 15. FUEL BLENDED WASTE |
| 1 | Ignitable spent solvent used in widget prod.; mixture of mineral spirits and ethyl alcohol. | D 0 0 1 | 1504 | P | • | T 5 0 | <input type="checkbox"/> |
| 2 | | | | | • | | <input type="checkbox"/> |
| 3 | | | | | • | | <input type="checkbox"/> |

Item 10. U.S. EPA HAZARDOUS WASTE NUMBER - For listed wastes, enter the four (4)-character U.S. EPA hazardous waste number from 40 CFR, Part 261 or Missouri Hazardous Waste Numbers from 10 CSR 25-4.261, 10 CSR 25-11.010, or 10 CSR 25-13.010 which identifies the waste. For unlisted wastes which exhibit hazardous characteristics, enter the four (4)-character U.S. EPA hazardous waste number from 10 CSR 25 which is applicable to the waste.

If the waste is a mixture of more than one listed or unlisted waste, enter all of the relevant U.S. EPA and Missouri hazardous waste numbers. Four (4) spaces are provided for this on each line. If more space is needed, continue on the next line(s) and leave all other items on that line blank, as shown by the following example.

EXAMPLE:

| SECTION H - WASTE IDENTIFICATION (SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE) | | | | | | | |
|---|-----------------------------------|--|---------------------------------|----------------------------|----------------------------|----------------------------------|---------------------------------|
| L I N E | 9. DESCRIPTION OF WASTE | 10. EPA HAZARDOUS WASTE NUMBER | 11. TOTAL AMOUNT OF WASTE | 12. UNIT OF MEAS. | 13. SPECIFIC GRAVITY | 14. FINAL HANDLING CODE | 15. FUEL BLENDED WASTE |
| 1 | Chlorinated Distillation Residues | K 0 1 6 K 0 1 8 K 0 1 9 K 0 2 0 | 61976 | G | 1 3 • | T 0 3 | <input type="checkbox"/> |
| 2 | | K 0 3 0 | | | • | | <input type="checkbox"/> |
| 3 | | | | | • | | <input type="checkbox"/> |
| 4 | | | | | • | | <input type="checkbox"/> |
| 5 | | | | | • | | <input type="checkbox"/> |

Item 11. TOTAL AMOUNT OF WASTE - Enter the total quantity of the waste or waste mixture described on this line that was received from the generator identified in Section F. during the referenced quarter listed by this report.

Item 12. UNIT OF MEASURE - Enter the unit of measure code for the quantity of waste described on this line. Units of measure and the appropriate codes to be used are as follows:

| UNIT OF MEASURE | CODE |
|-------------------------------|------|
| Pounds | P |
| Tons (2,000 lbs.) | T |
| Kilograms | K |
| Metric Tons (1,000 kg.) | M |
| Gallons** | G |
| Liters** | L |

**if these codes are used, you must provide the specific gravity rounded off to the nearest tenth, of each waste in item 12. If the specific gravity is not provided for a total described as gallons or liters, Missouri Department of Natural Resources will assume the wastes specific gravity to be 1.5.

Item 13. SPECIFIC GRAVITY - If a volume code (G or L) is used to quantify waste in item 11, you need to include the specific gravity of the waste, otherwise leave blank.

NOTE: Specific gravity is a ratio based on the weight of water - water weighs 8.3 pounds per gallon and has a specific gravity of 1.0. A substance which weighs 12.5 pounds per gallon is 1.5 times heavier than water therefore the specific gravity is 1.5 (1.5 x 8.3 lbs. =12.5 lbs.). A substance which weighs 6.6 pounds per gallon weighs 0.8 times that of water (.8 x 8.3 lbs. =6.6 lbs.).

Item 14. FINAL HANDLING CODE - Enter the appropriate code for the final disposition of the waste identified whether that occurs at the facility listed on Part I, or at another facility. Appropriate handling codes are listed on the following page.

If different handling codes apply to portions of the same waste, use a separate line entry for each portion as shown in the following example.

EXAMPLE:

| SECTION H - WASTE IDENTIFICATION | | | | | | | | | | | |
|---|---|--------------------------------------|---|---|---|---------------------------------|----------------------------|----------------------------|----------------------------------|---------------------------------|--------------------------|
| (SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE) | | | | | | | | | | | |
| L I N E | 9. DESCRIPTION OF WASTE | 10. EPA HAZARDOUS WASTE NUMBER | | | | 11. TOTAL AMOUNT OF WASTE | 12. UNIT OF MEAS. | 13. SPECIFIC GRAVITY | 14. FINAL HANDLING CODE | 15. FUEL BLENDED WASTE | |
| 1 | Ignitable spent solvent used in widget prod.; mixture of mineral spirits & kero. | D | 0 | 0 | 1 | 14923 | P | ● | T 0 3 | <input type="checkbox"/> | |
| | | | | | | | | | | | |
| 2 | | | | | | | | ● | | | <input type="checkbox"/> |
| | | | | | | | | | | | |
| 3 | Ignitable spent solvent used in widget prod.; mixture of mineral spirits & kero. | D | 0 | 0 | 1 | 1523 | P | ● | S 0 1 | <input type="checkbox"/> | |
| | | | | | | | | | | | |
| 4 | | | | | | | | ● | | | <input type="checkbox"/> |
| | | | | | | | | | | | |

HANDLING CODES FOR TREATMENT, STORAGE AND DISPOSAL METHODS

1. Storage
 - S01 Container (barrel, drum, etc.)
 - S02 Tank
 - S03 Waste Pile
 - S04 Surface Impoundment
 - * S99 Other (specify in comment section)
2. Treatment
 - T03 Incineration (Thermal Treatment)
 - * T04 Other types of treatment (metal separation, acid neutralization, etc. Specify in comment section)
 - T50 Fuel blend (BTU recovery)
 - T54 Distillation
3. Disposal
 - D79 Underground Injection
 - D80 Landfill
 - D81 Land Treatment
 - D83 Surface Impoundment (to be closed as a landfill)
 - * D99 Other Disposal (specify in comment section)

*If these codes are used, then you must specifically describe the process method used to treat, store, or dispose the identified waste by line number in the comment section, as shown in the following example:

EXAMPLE:

| SECTION H - WASTE IDENTIFICATION (SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE) | | | | | | | |
|---|--|--------------------------------|---------------------------|-------------------|----------------------|-------------------------|--------------------------|
| LINE | 9. DESCRIPTION OF WASTE | 10. EPA HAZARDOUS WASTE NUMBER | 11. TOTAL AMOUNT OF WASTE | 12. UNIT OF MEAS. | 13. SPECIFIC GRAVITY | 14. FINAL HANDLING CODE | 15. FUEL BLENDED WASTE |
| 1 | Spent acetone and toluene - used in painting | F 0 0 3 | 81457 | P | . | T 5 0 | <input type="checkbox"/> |
| | | F 0 0 5 | | | | | |
| 2 | Corrosive metal sludge contains cadmium and nickel | D 0 0 2 | 8250 | P | . | T 0 4 | <input type="checkbox"/> |
| | | D 0 0 6 | | | | | |
| 3 | | | | | . | | <input type="checkbox"/> |
| 8 | | | | | . | | <input type="checkbox"/> |

| SECTION I - COMMENTS | |
|----------------------|---|
| 16. | <p>LINE 2: Acid neutralization, separation of metal for recovery.</p> |

Item 15. FUEL BLENDED WASTE - If the waste received is a hazardous waste fuel that was blended prior to receipt, and the waste is intended to be burned as a fuel at your facility, check this box.

SECTION I - COMMENTS

Item 16. COMMENTS - This space may be used to explain, clarify or continue any entry. If used, enter a cross reference to the appropriate section number. If additional space is needed, attach a piece of paper.